FOR R	
RESERVED	
MARGIN	

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

VIIIage or City Medicant (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, winger with word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	Die 21, 1913, to Die 24, 1913 that I last saw him allve on Die 24, 1913.
7 AGE If LESS than 1 day,hrs. OEmin.?	and that death occurred on the date stated above, at 6 Pm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Cohorping angle  (Duration) yes mos 4 ds
10 NAME OF FATHER LAWYSME Attended  11 BIRTHPLACE (State or country)  11 BIRTHPLACE (State or country)  Many Carrel	(Signed) (Duration) yrs mos ds (Signed) (Righting M.D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Still Button,  13 BIRTHPLACE OF MOTHER (State or country)  14 THE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Lawrence Lettleman (Address) Midland MS	If not at place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  Longe Online  Longe Online
Filed DEC 25, 1913 For harle REGISTRAR  If nore blanks are needed, address State Regist	20 UNDERTAKER  OUG. Euchorn Jondeoug  rar, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninyes, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertalued as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustiou,"



RECORD PERMANENT BINDING IS UNFADING INK-THIS RESERVED MARGIN WITH WRITE PLAINLY,

> No. 00

PHYSICIANS should state of OCCUPATION is very **2FULL NAME** Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word) stated 6 DATE OF BIRTH carefully supplied. AGE should be so that it may be properly classified. certificate. (Day (Month) TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ...... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 Ö terms. PARENTS 11 BIRTHPLACE should OF FATHER (State or country of Information shall be DEATH in plain t 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) CAUSE OF I 15 8 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	No	

Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

ME	DIGAL CE	RTIFICATE	OF DEATH	
16 DATE OF DEATH	4	Die	9	. 1913
	****************	(Month)	(Day	(Year)
17 I HE	EREBY C	ERTIFY, That	t I attended	deceased from
	191	. to #	_	191
hat I last saw h.	alive	on De	c 9	, 1913
and that death occu	rred on t	he date state	ed above, at	4 P "
The CAUSE OF DE	ATH* wa	s as follows:		
Prema	lun	birth	at a	Sout
The 62	4 4	ana Th		
			*****************	· · · · · · · · · · · · · · · · · · ·
	************	**************************************	***	• • • • • • • • • • • • • • • • • • •
941000000000000000000000000000000000000	************	(Duration)	yrs	ds
Gontributory Secondary	***********		**********	*******************************
0100		(Duration)	yrs.	ds
(Signed)	X (	2 13	D	
	السمالكاموسي			, M. D
Dec 10, 191	.3. (Addr	0 (229	lon	Ind
*State the DISE CAUSES. state (1) TAL, SUICIDAL, or	ASE CAUS MEANS HOMICIDA	OF INJURY;	or, in death and (2) wh	s from VIOLENC
	IDENCE			
18 LENGTH OF RES	(	FOR HOSPITAL	S, INSTITUTIO	DNS, TRANSIENTS
18 LENGTH OF RES OR RECENT RESIDE At place	ENTS)		S, INSTITUTIO	ONS, TRANSIENTS
18 LENGTH OF RES OR RECENT RESIDE At place of death yrs	ENTS)	in the		
At place of death yrs	mos	in the		mos ds
At place of death yrs	mos	in the		
At place of death	mos	in the		
At place of death yrs Where was disease cont If not at place of death? Former or usual residence	mos.	in the ds. State	yrs,	ds
At place of death	mos	in the ds. State	DATE O	
At place of death yrs. Where was disease contif not at place of death? Former or usual residence.	mos.	in the ds. State	yrs,	ds
At place of death	acted,	ds. State	DATE O	F BURIAL

If LESS than t day hrt

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa have no occupation whatever, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING RESERVED MARGIN

PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

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CAUSE OF I

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S. No. 1. ~ vi

PLACE OF DEATH

LAGE OF BEATTY	STATE OF MARTLAND
County allagofuel 6502	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City / slunging (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	The date of death from Month Day (Year)
DATE OF SIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on [9]
7 AGE it LESS than 1 day, A.hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work.	tinth True - Thursture
(b) General nature of industry, business, or establishment in which employed (or employer)	yrsmosds.
9 BIRTHPLACE (State or country) A start - h 700 C	Contributory Secondary
10 NAME OF FATHER Beal	(Signed) A F PAALS , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
2 12 MAIDEN NAME OF MOTHER Man Dumman	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) II SASO / Deal	Former or usual residence
(Address) Mishingut Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aley 8, 1913 AMALLAL REGISTRAR	20 UNDERTAKER ADDRESS
/ REGISTRAR	1 11 11 11 11 11 11 11

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

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RECORD	PHYSICIANS of OCCUPA
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NG INK-TH	ay be properl
H UNFADI	Every item of information should be carefully supp CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
AINLY, WIT	ation should in plain terms.
WRITE PL	of DEATH in
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VIIIage or City LANE Trillians On	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write ye work)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Month)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  7 AGE   1 LESS than 1 day, hrs. OR min.?	that I last saw hand alive on Of 3 ,1913 and that death occurred on the date stated above, at 39 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 2 yrs mos 68.
State or country)	Gentributory 10 944 Autors Secondary
10 NAME OF FATHER Shaves Bell	(Signed) Lyrs mos ds  (Signed) Jaw M. Sand M. D.  Dr. 10 ,1913 (Address) Gunterland M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  15 MOTHER  16 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  13 13 12 12 1	of deathyrsmosds. Stateyrs,mosds  Where was disease contracted, If not at place of death?  Former or usual residence
(Address). Catty.  16 FIGUEC 1 U 1918, ZZCaucent REGISTRAR	DATE OF BURIAL  PLACE OF BURIAL  ON 191.3.  ON 191.3.  PLACE OF BURIAL  DATE OF BURIAL  ADDRESS  OTHER OF BURIAL  OTHER OTHER OTHER  OTHER OF BURIAL  OTHER OTHER OTHER  OTHER OF BURIAL  OTHER OTHER OTHER  OTHER OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[If death occurred in a hospital or institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIEO, WIDOWEO, OROUVORCEO	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH May 12 th (Month) (Day) (Year)	that I last saw h A alive on W. No. 1913.
7 AGE  Vyrs. 7 mos. 19 ds. OR min.?	and that death occurred on the date stated above, at Afril Arry m. The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Mahre Cition my while Course
(b) General nature of industry, business, or establishment in which employed (or employer)	gra much seen (ouration) legge times ds.
State or country) Westernfront Md	Gontributory (Secondary) (Buration) yrs mos ds.
11 BIRTHPLACE 1 1 Bobo,	(Signed) Tally M. D.
Z OFFATHER (State or country) Mun Medley. M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Osella Hartman'	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
(State or country Nampshire & W:	of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Intermant) Egra B, Bobo	If not at place of death?  Former or  usual residence
(Address) Westernfrort	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MALE 1. 1913.
Filed 191 191 191 191 191 191 191 191 191 19	Mr freshok - hishwork WA
(Address) Westernfort  Filed Hur 1914 AMPLANTS	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OUNDERTAKER  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senite," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can death), 29 ds.: Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 1914 BUREAU, Y.S. PERMANENT supplied. O

RECORD

#### state 100 OCCUPATION PHYSICIANS proper pe certificate. 20 0 back terms. Instructions pial \_ I DEAT 50 OF

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mportant.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County alarge grade Registration Dist. No.28 Ilt death occurred lo .St.:....Ward) a hospital or institution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 4 COLOR ON RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 ..... to ... (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH\* wastas follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) .....yrs....mos..... 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ..., 191..... (Address)..... OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs \_\_\_\_ mos \_\_\_\_ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar & E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as material worked on may form part of the second it should be used only when meeded. For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But iu many "Foreman,"

·pnenmonia"); brospinal meningitls"); Diphtheria , term for the same disease. Examples: Cerebrospinal lesis of lungs, "(Cronp";) time and cansation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia." ferer (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercureport "Typhoid (avoid use

> childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma. etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary). 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Seuile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914 BURBAULV.S. MARGIN

V. S. No. 1.

Village or City Combulant (No. 1/3)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred is a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word)  * DATE OF BIRTH  (Month) (Day (Year)	16 DATE OF DEATH SEC /5 , 1912  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1912  that I last saw here all year sufficient in the saw here all years sufficient in the s
TAGE  (STORILLY)  (Day  (Tear)  If LESS than 1 day,hrs. ORmin.?  **OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at.  The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Down Ame of FATHER J. J. Brinkman	Contributory Secondary  (Ouration)  yrs  mos  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14, 72	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT ON RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mas.
(Interment) I Flow Knowledge  (Interment) I Flow Knowledge  (Address) 1/3 Fifth St.  15 DEC 10 1918  Filed 1918  Registran	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE 15, 191.  20 UNDERTAKER ADDRESS

[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopncumonia (secondary), 10 ds. Always qualify all diseases resulting from Mcastcs (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For VIO-



#### MARGIN

No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement PERMANENT UNFADING INK-THIS IS Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of Information should be CAUSE OF DEATH in plain terms, s m ż

PLACE OF DEATH 16507

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

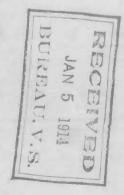
Village or City Compaconny (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  10 PM Steels, 1913, to 10.40 Pm Steels, 1915, that I last saw here alive on Steels, 1913.
7 AGE   11 LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 10-40Pm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Suldin death (Duration) yrs. mos. ds.  Contributory Secondary
10 NAME OF EATHER Algorithm Allerdier  11 BIRTHPLACE OF FATHER (State or country) Scotland  12 MAIDEN NAME OF MOTHER AND ANY A	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address). Announg  16 Filed Del 26, 1913 95 19 effect  REGISTRAR  If more blanks are needed, address State Ravier	19 PLACE OF BURIAL OR REMOVAL  OFRIFIC Curving  20 UNDERTAKER  ADDRESS  Par, 6 E. Frankill St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pnenmonia," nngnalified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus." "Old Age," "Shock," "Uracmia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Courulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. canse of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," Never report probably



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10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

(Address) ....

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

ARENTS

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#### STATE OF MARYLAND 1 PLACE OF DEATH 16508 CERTIFICATE OF DEATH

Village or City. advallade

Registration Dist. No.

..Ward)

It death occurred in a hospital or Institution, give its NAME Instead ot street and number. I

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE, MARRIED, 191.5 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duratioo) which employed (or employer) -9 BIRTHPLACE (State or country) Contributory Secondary

> (Signed) (Address) \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

1			
-	18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS,	TRANSIENTS
ł	At place	in the	

ot death ... ... yrs. .. State .... Where was disease contracted.

It not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL	-
Old Crusting Lousen	w
20 UNDERTAKER	

DATE OF BURIA

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhold fover (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenchi-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 "Dropsy," "Exhaustion," "Puerperal septichac-Never report



16599 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Illeaam Registration Dist. No Ift death occurred la a hospital or institution. give its NAME instead Edgar Cardes of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDDWED, Day (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended degrased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment In (Duration) yrs mos / 2 de which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF Carder FATHER 11 BIRTHPLACE (Address) Quently PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from ATOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE of seath OF MOTHER (State or country) In the State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ . yrs. ..... mos. ..... ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

19 PLACE OF BURIAL OR

20 UNDERTAKER

REMOVAL

DATE/OF BURIAL

ADDRESS

#### 8

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Consus and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborcr," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia." Pneumonia"); Lohar pneumonia; Bronchopneumonia term for the same discuse. time and cansation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Cronp";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemie ceremeningltis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Diphtheria Examples: Cerebrospinal (avoid Tubercuuse

> valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caumia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. canse of death approved by Committee on Nomencla injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. For vio-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exbaustion," Never report



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CAUSE

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terms,

state

statement

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

1913

(Year)

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases; especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-AGCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For VIO-Ex-



P 9 PHYSICIANS shoul RECORD PERMANENT cla prop 0 back 0 ATH in plain Instructions EAT WRITE 00 Δ OF important. Every 20

state

16511 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in ....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERRIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH COLOR OR RAGE MARRIED WIDOW D. CLED (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191....., to. (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at ... f day ......hrs. The CANSE OF DEATH\* was as follows OR .- min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS . 191 ... (Address) 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place of Mother (State or country) In the ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ...... yrs. \_\_\_\_ mos. \_\_\_ ds Where was disease contracted. 14 THE ABOVE INTRUE TO THE KNOWLEDGE It not at piece of death?. Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 Maconora ..., 191 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

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stated EXACTLY. PHYSICIANS should state f. Exact statement of OCCUPATION is very RECORD PERMANENT properly classified. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. N. B .- Every Item of Information should be CAUSE OF

1 PLACE OF DEATH

16512

STATE OF MARYLAND CERTIFICATE OF DEATH

	Links
Dist.	No.
	Dist.

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Could M 60%	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)
o DATE OF BIRTH  See 3 1861	17 I HEREBY CERTIFY, That I attended deceased from 22, 1913, to 122, 1913,
(Month) (Day (Year)  7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 10.30 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) 3 yrs mos ds.  Contributory Secondary
10 NAME OF FATHER PARTY STRICT OF FATHER OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?————————————————————————————————————
OEC 22 1913 A Registrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE TO BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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	RECORD	PHYSICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
.V. S. No. 1.		N. B.—EV CA

Village or City In the Can de No. 133,  2 FULL NAME JAUVIEURE &	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OR OIVORGED OIVORGED OR OIVORGED OR OIVORGED OR OIVORGED OR OIVORGED OR OIVORGED	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1912,
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 (LESS than 1 day,hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	that I last saw hattle alive on
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) CILLIAN BEST OF MX KNOWLEDGE  (Informant) CILLIAN BOSGIO  (Address) CILLIAN BOSGIO	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH 16515  County Ciclegary  Village or City Engled (No. 117)  FULL NAME Many Bachring	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [it death occurred in a hospital or institution, giva its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure 4 COLOR OR RACE SINGLE, MARRIED, Inamed Widowsto, ORDIVORCED (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	that I last saw in selling on 101
7 AGE (Month) (Day (Year) 1 LESS fhan 1 day,hrs.	and that death occurred on the date stated above, at
**OCCUPATION (a) Trade, protession, or particular kind of work (b) Ganeral nature of Industry, business, or establishment in which employed (or amployer)  **BIRTHPLACE** (State or country)  **OCCUPATION (a) Trade, protession, or particular kind of work  **Documentary  **Documentary  **OCCUPATION (a) Trade, protession, or particular kind of work  **OCCUPATION (a) Trade, protession, or particular kind of work  **OCCUPATION (a) Trade, protession, or particular kind of work  (b) Ganeral nature of Industry, business, or establishment in which employed (or amployer)  **Documentary  **OCCUPATION (a) Trade, protession, or particular kind of work  (b) Ganeral nature of Industry, business, or establishment in which employed (or amployer)  **Documentary  **OCCUPATION (a) Trade, protession, or particular kind of work  (b) Ganeral nature of Industry, business, or establishment in which employed (or amployer)  **Documentary  **OCCUPATION (a) Trade, protession, or particular kind of work  (b) Ganeral nature of Industry, business, or establishment in which employed (or amployer)  **Documentary  **OCCUPATION (a) Trade, protession, or particular kind of work  **OCCUPATION (b) Ganeral nature of Industry, business, or establishment in which employed (or amployer)  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION (c) Trade, protession, or particular kind of work  **OCCUPATION	Contributory Chale Cardina Jrs. mos. ds. Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANY Kelley.  13 BIRTHPLACE	(Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place
of Mother (State or country)  The Above is true to the Best of My Knowledge (Informant)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Elk Garden Had	19 PLACE OF BURIAL OR REMOVAL  Let 19 Jan 1913  20 UNBERTAKER  OUIS Sterry  Appress
I more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto-Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, it should be used only when needed. For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 "ds:; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," etc. The contributory (secondary or intercurrent) ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Puerperal septichae-Never report



CERTIFICATE OF DEATH 80 pinous Registration Dist. No. PHYSICIANS should of OCCUPATION [if death occurred in .Ward) a hospital or institution. RECORD give its NAME instead of street and number. ? 4) auson MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Che 191. WIDOWED. (Day) (Month) Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) classified (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, .... brs. properly Ш BOCCUPATION AGI (a) Trade, profession, or Boars particular kind of work (b) General nature of industry, pe business, or establishment in O which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER SO jo ARENTS 11 BIRTHPLACE (Address) terms, OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. DEATH Where was diseasa contracted. If not at place of death? Former or OF usual residenca. Every item CAUSE OF important. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR z more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1651 Bur. Laga.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Bealth Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Mannger," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage. as "Purperal schiichae-"Hart failure," "Haemorrhage," "Inanition," "Maras genital," ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Meastes (disease causing death), 29 ds.: Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Old Age," "Shock," Aiways qualify all diseases resulting from "Senlie," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 1914 SULMIAUL V.S.

PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT EXACTLY. 4 properly classified. pe UNFADING INK-THIS IS AGE carefully supplied. it may DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH Every item important. 0 ż

#### 16517 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

[if death occurred in a hospital or institution,

FULL NAME ameder Dia	Bicific of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED ORDIVORGED	16 DATE OF DEATH DLC. 28, 1913 (Month) (Day (Year)
6 DATE OF BIRTH  Alasa 8 , 1912	that I last saw h. A. alive on Dec 28 1913
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,hrs. 0Rmin.?	and that desth occurred on the date stated above, at 9,307mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Paulle Bronchs. (neumonia
10 NAME OF FATHER THAT OF PATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF TALK  12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER	Contributory O. A. T. W. Secondary  (Signed) T. Bullette M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs. mos ds. State yrs. mos. ds. Where was disease contracted, have a place of death. The place of death where was disease contracted. The place of death? The place of death?
(Address) 2000, 1 1 2 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Touces) XVIII

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cauwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septiehueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," The nature of the "Exhaustion," Never report



#### V. S. No. 1.

Vil	2FULL NAME DEIRINGAN D	St.;
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF
38	EX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mc) 17 I HEREBY CERTIF
6 D	ATE OF BIRTH  Self 4 19/3	1000 1 1 3 to
7 1	(Month) (Day (Year)	that I last saw h, allve on
TA	GE If LESS than t day,hrs.	and that death occurred on the da
(8	yrs 3 mos ds OR min.?  CCUPATION ) Trade, protession, or articular kind of work	The CAUSE OF DEATH* was as
(a pa (b) bu: wh	CCUPATION ) Trade, profession, or inticular kind of work ) General nature of industry, siness, or establishment in inich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary
(a pa (b) but wh	CCUPATION () Trade, protession, or articular kind of work () General nature of industry, siness, or establishment in inche employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	Contributory Secondary (Di  (Signed) / May 7 (Address)
(a pa (b) bu: wh	CCUPATION ) Trade, protession, or inticular kind of work ) General nature of industry, siness, or establishment in inch employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  Trank Work	Contributory Secondary (0)  (Signed) / 1913. (Address).  *State the DIREASE CAUSING CAUSER, state (1) MEANS OF ITAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR
PARENTS 86	CCUPATION () Trade, protession, or articular kind of work () General nature of industry, siness, or establishment in inchemployed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Manyland  12 MAIDEN NAME	Contributory Secondary  (0 (Signed) / Many January  *State the Disease Causing Causes, state (1) Means of I Tal, Suicidal, or Homicidal.

16518

PLACE OF DEATH

#### STATE OF MARYLAND E OF DEATH

on Dist. No...

Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RAGE  5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her allyeon ble 16 1913
if LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at
Infant	
Longeon In	Contributory Secondary  (Duration)yrsmosds_
Frank Wirland	(Signed) / Lung In Address) London M. D. Welly 1913 (Address) London M. D. In deather than Michael Mic
Christina Warnley	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
ue to the best of My knowledge	of deathyrs,mosds. Stateyrs,mosds  Where was disease contracted, It not at place of death?  Former or usual residence.
ondcoming Ind	19 PLACE OF BURIAL OR REMOVAL  St Manya Country Linguisting See 18, 1913  20 UNDERTAKER ADDRESS
REGISTRAR	m. Cichhow Lancounghistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu mauy Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, às examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrculesis of lungs, meninges, perilonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions." "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations ou statement of The nature of the "Exhaustiou," Never report



B. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

...St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME lostead

* FULL NAME James alors	ely of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  (Month) (Day) (Year)	13 1913, to 1012, 13 , 1913 that I last saw h 1 allye on 1028, 19 3
7 AGE  11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	What The Albert Holding
(b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. / ds.
9 BIRTHPLACE (State or country) Mory land	Contributory Chapter (Secondary)  (Deration) yrs mos 2 8 ds
TATHER  11 BIRTHPLACE  OF FATHER  (State or Country)  Months  OFFICE  (State or Country)	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) any land	At place Io the of death yrs mos ds. State yrs, mos ds.
(Informant) CANCE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(Address) Mulland Na	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DEC13, 1913 FACRASCLE REGISTRAR	20 UNDERTAKER ADDRESS
Is more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of lifbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never report specifically the occupations return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrereal scptichaecause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanitlon," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nophritis. nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can Never report Examples:



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3 SEX

TAGE

PARENTS

15

Fited DEC

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) ...

14 THE ABOVE IS TRUE TO THE BEST

(b) General nature of industry, business, or establishment in

which employed (or employer)

1 PLACE OF DEATH 16520

4 COLOR OR RACE

County All

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

fit death occurred in a hospital or institution, give its NAME tostead ot street and number.]

<sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE,

MARRIED, WIDOWED.

ORDIVORCED (Write the word)

(Day

MY KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, y E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

It LESS than

1 day hrs.

OR ..... nin. ?

MEDICAL CERTIFICA	ATE OF	EATH	
16 DATE OF DEATH Dec		6	. 1913
(Month	1)	(Day	(Year)
17 I HEREBY CERTIFY,	That I at	tended d	eceased from
nov. 26 , 1913 , to	Der.	6.	191.3
hat I last ssw have alive on	Jes. 4		, 191 3
and that death occurred on the date			50.
The CAUSE OF DEATH* was as followed			
Organis Dear		11	
Janes Alex	7 ~ ~ ~		
	***********		
	11-5-17		
(Durati	on)/	yrs.	_mosd
2			
Contributory Bright Disc Secondary	as the	neff	·····
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(Signed) (Burat  (Signed) (Address)	th, or, In	deaths 1 (2) whet	mos / O d
(Signed) (Burat  State the DISEASE CAUSING DEA  *State the DISEASE CAUSING DEA  CAUSES, State (1) MEANS OF INJUITAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENCE)	TH, or, Index; and	deaths 1 (2) whet	mos / O d
(Signed)	TH, or, In DRY; and	deaths (2) whet	mos. O d  Prom Violen ther Accides
(Signed) (Burat  State the DISEANE CAUSING DEA  *State the DISEANE CAUSING DEA  CAUSES, state (1) MEANS OF INJU- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS)  At place of death	TH, or, In DRY; and	deaths (2) whet	mos. O d  Prom Violen ther Accides
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(Signed)	TH, or, In DRY; and	deaths (2) whet	mos. O d  Prom Violen ther Accides
(Signed)	TH, or, In the State	deaths (2) whet	mos. O d  Prom Violen ther Accident  Transient  mos. d
*State the DISEASE CAUSING DEA  *State the DISEASE CAUSING DEA CAUSES, state (1) MEANS OF INJU- TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS)  At place of deathyrsmosds.  Where was disease contracted, It not at place of death?  Former or usual residence.	TH, or, In the State	deaths (2) whet	mos. O d  Provident Accident Accident Mos. d
(Signed)	TH, or, In the State	deaths (2) whet	mos. O d  Provident Accident Accident Mos. d
*State the DISEASE CAUSING DEA  *State the DISEASE CAUSING DEA CAUSES, state (1) MEANS OF INJU- TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS)  At place of deathyrsmosds.  Where was disease contracted, It not at place of death?  Former or usual residence.	TH, or, In the State	deaths (2) whet	mos. O d  Prom Violen ther Accident  Transient  mos. d

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsaits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yis.) For persons return "Laborer," As examples: But in many "Foreman," (0)

("Pneumonia," time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to pnenmonia"); brospiual meningitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal "Croup";) fcver (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, Typhoid Lobar pucumonia; Bronchopucumonia meninges, unqualified, is indefinite): Tubercufever (never report "Typhoid peritonacum, etc., "Epidemic cere-

> valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can-"Contributory." LENT DEATIS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection ture of the American Medical Association.) cause of death approved by Committee ou Nomenclasepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopucumonia (secondary), 10 ds. Never report is less defiulte; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles ueed not be stated unless important. "Senile," may be stated under the head of (Recommendations on statement of (disease causing death). 29 etc.), "Dropsy," State cause for "Exhaustion,"



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	sified. Exact statement	Important. See instructions on back of vertificated
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PLACE OF DEATH 6521 STATE OF MARYLAND CERTIFICATE OF DEATH County Allegary Registration Dist. No .... Ilt death occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Widowed ORDIVERCED (Write the word) B DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 3. 1 day .....hrs. The CAUSE OF DEATH \* BOCCUPATION (a) Trade, profession, or . particular kind of work (b) General nature of Industry, business, or establishment in (Duration) \_\_\_\_\_\_mos.\_\_\_\_mos.\_\_\_ which employed (or employer) ..... 9 BIRTHPLACE (Secondary) (State or country) 12 NAME OF FATHER ARENTS (Address) 1 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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10 back iostructions

#### PHYSICIANS should of OCCUPATION is RECORD PERMANENT

state

1 PLACE OF DEATH 16522



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..... If death occurred in (No ... ......Ward) a hospifal or lostitution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 18 DATE OF DEATH MARRIED. WIDOWEO, (Month) (Dav (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw hand alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Durafion) which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Sfate ..... yrs. \_\_\_ mos. ... ds. Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE If nof at place of death?.. Former or (informanf)usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

ore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSINO nEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Icsis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercuprospinal fever (the only definite syuonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avold Typhoid fever Examples: Cerebrospinal (never report "Typhoid use Carcin-

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County Le games 16523	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or Git Just Carland Mid Holles Gere	My Hos Sette (St.; Ward)  [it death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jacua Le. 4 COLOR OF RACE   5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH December 28 , 1913 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Lec, 27, 1913, to Lec, 28, 1913.
(Month) (Day (Year)	that I last saw her alive on Loce, 28, 1913
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	Peritonity from appendiciti
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Obstantion of bowels Secondary
10 NAME OF FATHER 4150 PT	(Signed) W. R. Wodgs, M. D. Wec, 28, 1913 (Address) Clumberland, Ind.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) for money	At place of death yrs mos ds. State yrs mos ds  Where was disease contracted, ds.
(Informant) (Informant)	Former or Myeridale, Penna.
(Address) Seyers du La Sa FILODEC 28 1918 F. Saburegha REGISTRAR	19 PURIE OF BERIAL OR REMOVAL BATE OF BURIAL 20 UNDERTAKER APÓRESS  APÓRESS
If more blanks are needed, address State Regis	trar, C.E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meuiugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defluitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. by carbolic acid-probably suicide. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal poritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Puerperal septichac-The nature of the "Exhaustion," Never report For Vio-



V. S. No. 1.

PLACE OF DEATH 16524	STATE OF MARYLAND CERTIFICATE OF DEATH
County Allegan	Registration Dist. No
Village or City The Lexistant (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME AS WASHIET Child	James St. Marget
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Mep 22, 1913, to play 22, 1913
(Month) (Day (Year)	that I last saw h susalive on
7 AGE If LESS than 1 day, J. hrs. OR	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishmeet in which employed (or employer)	(Ouration) yrs mos - ds.
9 BIRTHPLACE (State or country) Holes and book - MA	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted,
(Informant) Alle of the Best of the Anower of the Anomale of the A	If not at place of death?  Former or  usual residence
(Address) flat Augs for filed 15 flied 19 1919 flegistran	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  LAC. 20, 1913.  20 UNDERTAKER  ADDRESS  A

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yis.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

theuia," "Anaemia" (merely symptomatic), "Atrophy," affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhanstion,"



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	²FULL		**************************************	. K(3 W	II /
3 51		L AND STATISTI	5 SINGLE.		MEDICAL CERTIFICATE
A	rals	whots	MARRIED, WIDOWED, ORDIVORCED (Write the WO		(Month)
D	ATE OF BIRTH	12	9	- 241	17 I HEREBY CERTIFY, The
	********	(Month)	(Day	(Year)	that I last saw hem alive on Suc
7 A	GE			if LESS than 1 day,hrs.	and that death occurred on the date sta
		27 yrs	mos ds.	ORmln. ?	Cholecustitis
	CCUPATION Trade, profession, or	-4/	n	7 1	
	rticular kind of work	as hor	228 851	WELL	***************************************
	General nature of ind		l		
	iness, or establishme				(Duration)
		IVAT 1			
_	ich employed (or emplo	,,			Contributory Cheonic
_		,,	Pa		Contributory Chronic Secondary
_	ich employed (or emplo IRTHPLACE (State or country	,,	Pa		Secondary Chronic Secondary (Durafion)
_	ich employed (or emplo	,,	Pa		Secondary
9 BI	IRTHPLACE (State or country	Vm	Pa Erity		Secondary (Duration) (Signed)
9 BI	IRTHPLACE (State or country	Wm	Pa Erity		Secondary  (Signed)  (Signed)  (Address)  (Address)
9 BI	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or co	Mm (untry)	Pa Frily		(Signed) (Ourafion) (Signed) (Address) Carlon  *State the Disease Causing Death, Causes, state (1) Means of Injury:
9 BI	IRTHPLACE (State or country  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	Man euntry)	Pa France		Secondary  (Signed)  State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.
9 BI	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF FATHER  13 BIRTHPLACE 13 BIRTHPLACE	Mm untry)  ME  Residence  Residen	Pa Evily Pa Wree		Secondary  (Signed)  *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, of Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE)
9 BI	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or co	Mm untry)  ME  Residence  Residen	Pa Erity Pa Wree	222	Secondary  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITAL)
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 BIRTHPLACE OF FATHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or co	Wm untry)  ME untry)	Pa Evily Pa Well Pa	A FROSE	Secondary  (Signed)  *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. Stat Where was disease contracted.
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF FATHER  13 BIRTHPLACE 13 BIRTHPLACE	Wm untry)  ME untry)	Pa Evily Pa WELL Pa	LEDGE	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE) At place In the of death yrs. mos. / ds. State
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 BIRTHPLACE OF FATHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or co	Wm untry)  ME untry)	Pa Fa WELL Pa T OF MY KNOW	LEDGE	Secondary  (Signed)  *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE) At place In the of death yrs. mos. ds. Stat Where was disease contracted, finel at place of death? Former or
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or co	Wm untry)  ME untry)	Pa TOF MY KNOW	LEDGE	*State the DISEASE CAUSING DEATH, CAUSES, State (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, James former or usual residence.
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or co	untry)  Sue to the bes	Pa Pa WELL Por TOF MY KNOW	LEDGE	Secondary  (Signed)  *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE) At place In the of death yrs. mos. ds. Stat Where was disease contracted, finel at place of death? Former or
PARENTS	IRTHPLACE (State or country  10 NAME OF FATHER  11 BIRTHPLACE OFFATHER (State or co  12 MAIDEN NAI OF MOTHER (State or co  THE ABOVE IS TE (Informant)	untry)  Sue to the bes	Pa Evily Pa Well Po T OF MY KNOW	LEDGE	Secondary  (Signed)  *State the DISEASE CAUSING DEATH, CAUSES, State (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  16 RECENT RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE)  At piece in the of death yrs. mos. ds. State where was disease contracted, find at place of death?  Former or usual residence.
וופ	ich employed (or emploiser employed)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)	untry)  Sue to the bes	Pa WELL PO	LEDGE	Secondary  (Signed)  *State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS)  At place in of death yrs. mos. / ds. S  Where was disease contracted, for the second recent residents of death yrs. mos. / ds. S

REGISTRAR

PLACE OF DEATH 16525

STATE OF MARYLAND

OF DEATH

[If death occurred in rd) a hospital or institution,

give its NAME instead of street and number.]

(Day (Year) et I sttended deceased from or, in deaths from VIOLENT and (2) whether ACCIDEN-ALS, INSTITUTIONS, TRANSIENTS.

If more blanks are needed, andress State Registrar & E. Franklin St., Balto., Belling Vo

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," As examples: But in many "Foreman," (0)

icsis of lungs, meninges, peritonaeum, etc., ("Pnenmonla." pneumouia"); "Croup";) CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and cansation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid nse Typhoid Lobar unqualified, is indefinite): Tubcrcuferer (never report "Typhoid pucumonia; Bronchopneumonia "Epidemic cere-

> "Contributory." nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerreral peritonitis," etc. State cause for childhirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (namc origin; "Cancanse of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgleal operation was undertaken. For vio "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT

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ACE OF DEATH	16526	
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No .....

st; 26 Ward)

a hospital or Institution, give its NAME instead of street and number.]

FULL NAME	t) groway
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, OR DIVORCED (Write the word)	15 SATE OF DEATH /2 / 191 (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h
7 AGE 1 7 7 0 / If LESS than	and that death occurred on the date stated above, at
1 day,hrs.   or	The GAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Milling
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Gontributory(Secondary)
10 NAME OF FATHER CANAL QUERON	(Signed) yrs mos ds.
U 11 BIRTHPLACE	Dec 02, 191 3 (Address) Trunch
Z (State or country)  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Jamally Trake	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds, State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Cot of alloway	Former or usual residence.
(Address) (Bleyung An)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 / 1 / Donne	wareland my che 1 1913

REGISTRATE

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

Fur Kand

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. For many occupations a single word or term on the tion is very Important, so that the relative Lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercularis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. mant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." LENT DEATHS state MEANS OF INJUSY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," ... (name origin; "Can "Exhaustion, Never report Examples:



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CSICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT Cla INK be of back hould information s ATH in pialn instructions of DE Item OF CAUSE OF important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .....Ward) a hospital or Institution. give its NAME instead of sfreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED. WIDDWED, (Month) ORDIVORCED (Write the word) 1 HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) If LESS fhan 7 AGE and that death occurred on the date stated above, at ... 1 day brs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country (Duration) 10 NAME OF FATHER (Signed) (Address). 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. ... mos. State . (State or country) Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman scottchaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," \_\_ (name origin; "Candeath), 29 ds. Examples: of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

PLACE OF DEATH 16528  Gounty Clegary  Village or City Curberland (No. 2000)  2FULL NAME Like L. M.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on 2 2 1913.
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date atated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Guration) - yrs mos ds.
OSTATE OF STATE OF ST	Contributory Secondary (Agration) yrs mos ds.  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 A Tic Don Again	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Md.	State was disease contracted,
(Informant) (Address). 38 Amallacount St.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1913 Table REGISTRAR	Forms Steen Con ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations cated thus: of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report cause for



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See instructions on back of certificate.

CAUSE OF Important. S

RECORD

PERMANENT be stated EXACTLY. PLACE OF DEATH 16529

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 3
11401011 1111111		110,

St .: -Ward)

[if death occorred la a hospital or lostitution, give its NAME lostead of street and number.]

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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
6 DATE OF BIRTH Somewhen 8 1912	that I last saw h Lon alive on NOT. 79 1913	
(Month) (Day (Year)  7 AGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 1 mm The CAUSE OF DEATH* was as follows:	
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Duration) — yrs. / mos. — ds.  (Duration) — yrs. / mos. — ds.  (Duration) — yrs. / mos. — ds.	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) M. Brand B. D. Hee. G., 191 3. (Address) B.	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,	
(Informant) Socol Dita  (Address) Reverage mode	If not at place of death?  Former or 1 osual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LOCATION 191 3	
Filed, 191REGISTRAR	20 UNDERTAKER  Geo. C. Stappard  Trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. As examples: first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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should OCCUPATION IS PHYSICIANS Village or City RECORD ō PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED. WIDOWED, BINDING ORDIVORCED (Write the word) 17 DATE OF BIRTH classified. (Month) (Day (Year) TAGE If LESS than pino FOR 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 properly 8 OCCUPATION (a) Trade, profession, or SERVED particular kind of work. pe (b) General nature of industry, business, or establishment in UNFADING msy which employed (or employer) ..... certificate. Contributory..... 9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER 80 10 MARGIN back ARENTS 11 BIRTHPLACE terms. (Address) should OF FATHER (State or country) 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTA = 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death?... ō 0 Former or OF Every Item CAUSE OF Important. usual residence OR REMOVAL 15 No. σ'n REGISTRAR

Meadu

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred to a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH 191. (Month) (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date atated above, a (Duration) (Doration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ..... yrs. \_\_\_\_ mos. DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age. ness of various pursuits can be known. who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

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STATE OF MARYLAND 1 PLACE OF DEATH 16531 CERTIFICATE OF DEATH County alex Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead of street and number. ] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day (Year) ORDIVERCED (Write the word) 1 HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day,.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishment in (Duration) which omployed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? (Informant). usual residence.... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15

> REGISTRAR more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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lesis of lungs, meninges, ("Pneumonia," pnenmonia"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same aecepted eausing death (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercufover (never peritonacum, report "Typhoid "Epidemie cere-

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PHYSICIAN RECORD

PERMANENT

1 PLACE OF DEATH 3 SEX

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give its NAME Instead

of street and number.]

.. 191...2

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 19L3 WIDOWED. (Month) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work\_ (b) General nature of industry. business, or establishment In (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. \_ ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO It not at place of death? Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Monne 20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

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V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NG	pplied ay be
UNFADI	-Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
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3	Item
	S.—Every CAUSE

	illage or City Cyssife Cent (No. 18)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred in a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORIVORCED (Write the Fold 7.5 CC)	16 DATE OF DEATH December 12 , 1913  (Month) (Day (Year)  11   HEREBY GERTIFY, That bettended deceased from
	AGE  (Month)  (Day (Year)  AGE  3 H yrs mos 2 4 ds OR min.?	that I last saw hime allow on Leeember 11, 1913.  that I last saw hime allow on Leeember 11, 1913  and that death occurred on the date stated above, at 8:45 Pm,  The CAUSE OF DEATH* was as follows:
1	occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, pusiness, or establishment in which employer (or employer)	(Duration) yrs 5 mos, 9 ds.
	BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)
RENTS	VI 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
_	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds  Where was disease contracted, it not at place of death? Former or

BURIAL OR REMOVAL

BATE OF BURIAL

ADDRESS

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICINAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronie The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head or Homicinal, or as probably "Dropsy," "Exhaustion," Never report



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City  PLACE OF DEATH 16534  County Aug (No. 1)  2FULL NAME Janua France	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mace Soundle, Magneto, Wilowen ORDIVORCED (Willowen ORDIVORCED (Willowen))	16 DATE OF DEATH    Month   Day (Year)   17
6 DATE OF BIRTH  (Month) (Day (Year)	### 1 last saw ham alive on ### 1913
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 436 Q m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)	Donaldy Aneuronee  19 10 (Duration) 1975 1 mos. ds
9 BIRTHPLACE (State or country) Mary laud	Contributory All Monday Secondary  (Buration) yrs mos ds  (Signed) All All Monday Man
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Carses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
(Informant) de de la	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Gilmon Md	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ONE COME  20 UNDERTAKER  ADDRESS

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto./Requesting V. S. No. 1.

andrew Speers

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligaccidental, suicidal, or homicidal, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT LEATHS state MEANS OF INJURY and qualify as The contributory tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Never report For vio-



PHYSICIANS should state of OCCUPATION is very

AGE should be stated EXACTLY. properly classified. Exact statement

carefully supplied. certificate.

of Information should be of DEATH in plain terms, so See instructions on back of

CAUSE OF Important. S

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PLACE OF DEATH 16535

County alls many

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vill	age or City Cassals and a confidence (No. 1.1.), O	St.; Ward)	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX  4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH		16 DATE OF DEATH De 8 (1 , 1913 (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from 2 , 1913, to 2 , 191.2,  that I last saw here alive on Die 12 , 191.3	
7 A C	(Month) (Day (Year)  GE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated.  The CAUSE OF DEATH* was as follows:	
(b) busi whi	General nature of Industry, iness, or establishment in ch empioyed (or employer)  RTHPLACE (State or country)	Contributory July Secondary	lifes mos ds.
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Opration) (Signed) (	in deaths from VIOLENT
<u>a</u>	13 BIRTHPLACE OF MOTHER  OF MOTHER  (State or country)	CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of deathyrsmos ds. State. Where was disease contracted.	
16	(Informant) Constant	If not at piace of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	DEG 18 1918 I Tadounita	20 UNDERTAKER	ADDRESS

REGISTRAR

nore blanks are needed, address State Registrat, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations dnties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons retnrn "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lohar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

aunt neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIPAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles "Senile," (Recommendations on statement of (disease cansing death), 29 ds.; etc.), "Dropsy," "Exhaustion,"



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1 PLACE OF DEATH 16536 STATE OF MARYLAND allegans CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred to a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day .....hrs. OR ...... 7 8 OCCUPATION (a) Trada, profession, or particular kind of work. (b) General natura of Industry. business, or establishment in which employed (or ampioyer) ...... State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_ mos. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 , 191 3. 20 UNDERTAKER ADDRESS Filed\_ REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesse of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," cte.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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16537 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH MARRIEO, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory. State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ... (Address) OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State ..... yrs. ... Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence 15 20 UNDERTAKER

L. Albertagila \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS TRANSIENTS DATE OF BURIAL APDRESS REGISTRAR nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

lif death occurred in

(Year)

a hospital or Institution,

give its NAME Instead of street and number. I

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the misease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac mus," "Oid Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify aii diseases resuiting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

N. B.-

PLACE OF DEATH 16538	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City bunch Co. d (No. 23, 2)	St.; Ward)  [It death occurred to a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala Shi G Single,  Married,  Widowed,  Ordivorced ordivorced (Write the word) of	16 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH	17   HEREBY CERTIFY, That I sttended deceased from
(Month) (Day (Year)	that I last saw him allye on Der 10 1913
If LESS than 1 day,hrs.  OCCUPATION (a) Trade, protession, or particular kind of work	snd that desth occurred on the date etsted above, at 112 Pm The GAUSE OF DEATH* was an follows:  Diplituing
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory 4 haustins.
9 BIRTHPLACE (State or country)	Secondary (Duration)
10 NAME OF PATHER Parely Grant	(Signed) This M. I and M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Coulin Confirms	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs, mos, ds. State yrs, mos, ds
(Intermant) A STATE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) franchischer de parch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A Paral December 181.8
Filed DEC 11 (99) I Warring REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at heginning of illfication as Day laborer, Farm laborer, Laborer Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. heen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichae. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should state of OCCUPATION Is very

Exact statement

properly classifled.

should

AGE

carefully supplied. may be

DEATH in plain terms, so that it m See instructions on back of certificate.

CAUSE OF Important. S Every

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item of information should be

RECORD

PERMANENT stated EXACTLY.

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UNFADING INK-THIS

PLAINLY, WITH

WRITE

1 PLACE OF DEATH 16539

County all & Dear M.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

· Registration Dist. No

Village or City Can	waterla	and in	17 Wale	ass
		_	221	

St.; ....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PE	RSONAL AND STATIST	ICAL PARTICUL	ARS	MEDICA	L CERTIFICATE	OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wo	ingle	16 DATE OF DEATH	/2 (Montb)	S (Day	, 191 3 (Year)
6 DATE OF B	Month (Month	9	, 19.13 (Year)	that I last saw h.Acco.		000000000000000000000000000000000000000	, 191
PAGE  SOCCUPATION (a) Trade, profe	yrs		If LESS than 1 day,hrs.	and that death occurred The CAUSE OF DEATH			<i>C. P.</i> m
particular kind (b) General nat business, or e	of work	hons		Contributory Secondary	,		mosds
OF F	FOF Akran	The ma	Cullon	(Signed)	CAUSING DEATH, C	lul	Zeed Notes
13 BIRTH OF M (Stat	HPLACE OTHER te or country) TE IS TRUE TO THE BES	H H S C MY KNOW MP BALL	VLEDGE LOSA, J. R.Z.	18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	NCE (FOR HOSPITAL ) in the os ds. State	yrs,	. mos ds
(Address	1 0 1918 4 5c	Janus	m	19 PLACE OF BURIAL OF	OR REMOVAL	DATE OF I	16., 191 J.

If more blanks are needed, address State Registrar, V.E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when ageded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But iu many "Foreman," (4)

icsis of lungs, meninges, peritonaeum, etc., pneumonia"); 'prospinal , term for the same disease. Examples: Cercbrospinal "Croup";) fever (the only definite synonym is time and cansation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia." Statement of cause of death-Name, first, the DISEASE meningitls"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia unquallfied, is indefinite): Tubercufever (never report "Typhoid "Epidemic cerc-

> affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancalvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably by carbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou,"



No.

state Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. Exact classified. 4 UNFADING INK-THIS properly supplied. be may certificate. carefully o that it 80 0 WITH terms, should 0 PLAINLY See instructions information WRITE 50 item 9 Important. Every 8

1	PLACE	OF	DEATH	1	6	5	4	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or institution, give ifs NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE

MARRIED. WIDOWED, Write the word)

Mar	1	10
rrian	16	14

(Month)

(Day

(Year) If LESS than 1 day, hrs.

(b) General nature of industry, business, or establishment in which employed (or employer) ......

BIRTHPLACE (State or country)

particular kind of work.

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

3 SEX

7 AGE

PARENTS

15

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF	DEATH	Dec.	2	1913
		(Month)	(Day	(Year)
17	I HEREE	Y CERTIFY, That		
Afor.	30	1913 , to De	. 2	191.3
that I last aa	w h4	illve on De	2	,1913
and that deat	th occurred	on the date state	d above, at	3309, m
The CAUSE	OF DEATH	* was as follows:		
	Deple	Cheria	***********************	
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		(Duration)	yrs	mos & ds.
Contribut	огу	вустр.		
Secondar	y	(Pavadlan)	MMA	3 4
*0********************		That 11	yrs	Mos
(Signed)		That. 11	1000	, M. D.
Du. 3	101 3	(Address) Com	charlase	Jun 6

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

Je coch astace

	DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
Af place	In the

of death ...... yrs. ..... mos. .... ds. State ...... yrs, \_\_\_\_\_ ds Where was disease contracted. if not af place of death?..

., 191 3... (Address)...

Former or usual residence

DAJE OF BURIAL

20 UNDERTAKER

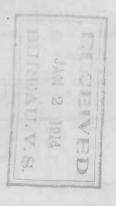
more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dcaler," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. been changed or given up ou account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meutugitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin: "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpeeal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head "Exhaustion,"



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Luckwork Sellen (No. 2FULL NAME Not Name	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St; Ward)  Weller  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH  10 10 11	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191,
(Month) (Day) (Year).  7 AGE It LESS than 1 day,hrs. ds. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment from which employed (or employer)  Beneral place (State or country)	(Duration) yrs. mos. ds.
10 NAME OF FATHER B, R Miller  11 BIRTHPLACE OF FATHER (State or country) Home Place  12 Miller  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE CLAY JOB SILE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) John E. Miller  (Address) Mandaus Arthon Make	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed My 191.3 MALLACE DEGISTRAR  If more blanks are needed, address State Regis trar, 6	Miller Pary my Frank-Men Alex. 1913.  20 1/1 A Batter - D. R- Miller Harry Market Parket Park

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfuimine, etc. (a) Spinner, cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons (e)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomencia by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral scotichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genitai," "Seniie," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrothenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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#### OCCUPATION IS ahouid PHYSICIANS RECORD 0 PERMANENT classified. UNFADING 10 ATH in plain instructions DEATH See 50 Item OF mportant. Every It

Very

1 PLACE OF DEATH STATE OF MARYLAND 16542 CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. 191-WIDOWED, (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last esw h alive on ..... (Day (Month) (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_ yrs. \_ Where was disease confracted. if not at place of death? usual residence. DATE OF BURIAL 16 20 UNBERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Meastcs (disease causing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MECHIVED
JAN 2 1011

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. W.

PLACE OF DEATH 16548 County Allegans	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Durnbertand	a nospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PART	TOULARS MEDICAL CERTIFICATE OF DEATH
Bende Color of RACE Single, MARIED WIDOWED OR OLONG (Write )	, 191
DATE OF BIRTH	Sept. 1 st 1913 to del, 17th 1913.
**Cocupation**  (a) Trade, profession, or particular kind of work. Hernal succession.	that I last saw h alive on
(b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Mitral montpleasing Secondary
Y 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Signed) , M. D.  (Signed) (Address) (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.*
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY K	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS,
(Intermant) Hariott Musel	If not at piace of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File DEC 19 1913 Hanks are needed	ADDRESS REGISTRAR  20 UNDERTAKER  ADDRESS  Octy  address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of The nature of the "Exhaustion," Never report



certificate.

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Important.

If more blanks are needed, address State Registrar, 6 E. Manklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Civil engineer, Stationary freman. etc. For many occupations a single word or term on the cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (4)

pnenmonia"); "Croup";) term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meuingitis"); Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercu-Diphtheria (avoid use Examples: Cerebrospinal Carcin-

> mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "As affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee ou Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations ou statement of (disease causing death), 29 State cause for "Exhaustiou," Never report



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#### state Very should IS OCCUPATION PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day .....hrs. mos......ds. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory that it Secondary 10 NAME OF FATHER 2 0 back 11 BIRTHPLACE , 19f (Address) ARENT OF FATHER (State or country) 50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... Where was disease contracted. MY KNOWLEDGE If not at place of death? Every Item CAUSE OF Important. (Address) 15 29UNDERTAKER

REGISTRAR

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

lif death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

(Month) (Day (Year) I HEREBY CERTIFY, That I ettended deceased from elive on .... and that death occurred on the dete atated above, at The CAUSE OF DEATH\* was ea follows (Duration)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

in the State \_\_\_\_\_ yrs. \_\_\_ mos.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classi be may certifical 0 terms, n back ATH in plain instructions o DEAT WRITE 5 OF item mportant. CAUSE

state Very

#### 1 PLACE OF DEATH STATE OF MARYLAND 16545 CERTIFICATE OF DEATH Registration Dist, No. lif death occurred is a hospital or institution. give Its NAME Instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH the 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 1913 WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? GOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory Secondary BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address). OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?. Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL (Address)..... DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

EGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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BURLAU, V.S.

D S PHYSICIANS shoul RECORD PERMANENT classified. THIS properly supplied pe certificate. to terms. n back ATH in plain WRITE 0 0 Item OF mportant. Every

PLACE OF DEATH 16546 STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. It death occurred in Ward) a hospital or institution, give its NAME instead ot street and number.] FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE SEX MARRIED, WIDOWED, (Month) /6 ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 20 Contributory 9 BIRTHPLACE (Secondary) (State or country) (Doration) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mians of Injury; and (2) whether Acciden-(State or country) ш 0 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the At place OF MOTHER (State or country) State ...... yrs, \_\_\_\_ mos. \_\_\_ ds. ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?... Former or usual residence DATEOF BURIAL ec 12.1913 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.

[Approved by U. S. Census and American Public Health Association.]

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F. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Wex Lovey E (No. 2 PULL NAME Coursed Ra	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Uale 4 COLOR OR RACE SINGLE, MARRIED, WISOMES, WISOMES, WISOMES, WISOMES, WISOMES, Wille the word)	16 DATE OF DEATH 5 E 18th , 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h. i.i. alive on DEC 18th, 1913
7 AGE About 60 yrs, If LESS than 1 day,hrs.  yrs. most ds. ORmln.?	and that death occurred on the date stated above, at BINYm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work  (b) General nature of Industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Cuary Land	Contributory Chronia Sepheritis United in auffine, (Secondary)  Arthur Deblussis. (Deration) 5 yrs mos ds.
10 NAME OF Peter Rosep  11 BIRTHPLACE	(Signed) 13 GADDES WILL BROOFE
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER ULERY  4	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country). Les kuraciey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant). It is a series of My knowledge	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Tal Javage	20 UNDERTAKER ADDRESS

REGISTRAR

ore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Maras-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage, as "Purpreral scottichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ture of the American Medical Association.) nant neopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



S. No. 1.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

1 PLACE OF DEATH	1	65	48
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County all garage

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

Village or City Character Character (No. 9 M. C.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Wille the word)	(Month) (Day (Year)  17 A I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	Luc. 6 1913, to Dec. 19 1913, that I last saw her allye on Loc. 19 , 1913
7 AGE   11 LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) Seneral nature of Industry, business, or establishment in which some professions.	Endocardity  (Duration) 2 yrs mos ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Compose Willison	Contributory Secondary  (Ouration) yrs mos ds.  (Signed) W. A. Hodgel , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Informant) (Address) Chamberland 116  FIREC 21 1913 <sub>191</sub> Figure 1913	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
Filet AT 191991	John a Wolford Carlo land

Af hore blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railicay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent.) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion,"



RECORD

PERMANENT

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UNFADING INK-THIS

WITH

WRITE PLAINLY,

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

m ż

Village or City Frostburg (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH Sept 30, 19/3	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from the control of the c
7 AGE (M(nth) (Day) (Year)  7 AGE   it LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or amployer)  © BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER GLO, Richardson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF WOTHER Showbuth Gibby	(Signed). Obvor Causes, M.D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME Stignbuth Subby 13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mcs, ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Frostburg Md.  16 Filed St. 31, 1913 Sev. 2. Contray Registrate Registrate  It more blanks are needed, address State Registrate	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  COMPANY  ADDRESS  Frostburg Furniture & Undertaking Co.  7, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: uant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

7. S. No. 1.

	PLACE OF DEATH 10000	STATE OF MARYLAND
Co	ounty Allegany	CERTIFICATE OF DEATH
	, ,	Registration Dist. No.
. V	illage or city Barton (No.	St.; Ward)  [if death occu a hospital or ins give its NAME of street and num
	* FULL NAME @ ampson 1	doss. et street and but
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	rale white Single, Married or	16 DATE OF DEATH DEC (Month) Day) (Yes
6 D	ATE OF BIRTH Deg 19th 1858  Area 19 (Month) (Tear) (Year)	Nov 22, 1913, to DEC 7th, 18 that I last saw h Man alive on DEC 7th
7 AC		and that death occurred on the date stated above, at
	CCUPATION Trade, profession, or Toal Miner.  tlcular kind of work	Internal Injuries
busi	General nature of industry, ness, or establishment to the employed (or employer)  The employed of employer to the employed of	Gentributory Fall from roof of ho
(Si	RTHPLACE (Barton Md.	(Secondary)
	10 NAME OF John Rass,	(Signed) JHMCGarra
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCH
	13 BIRTHPLACE  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS)
	OF MOTHER (State or country) Maryland.	At place In the of death yrs mos ds. State yrs mos
	Informant) His Widow.	Where was disease contracted, If not at place of death? Former or
Ì	(Address) Barton Ud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Die10, 1913 S. a. Bruchen	20 UNDERTAKER ADDRESS ,
	REGISTRAR	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second the nature of the business or industry; and therefore an first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Traeumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For VIO-



PHYSICIANS should of OCCUPATION is RECORD PERMANENT Cla Proper UNFADING certificate. of back terms, plain Instructions = DEAT WRITE jo Item OF Important. ш Every

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16551 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give Its NAME Instead of street and numbar. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE 1550 MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work, (b) General nature of Industry, business, or establishment in (Duration) / 3 yrs mos which employed (or employar) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER (State or country)

At place of death yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual rosidence.	In the State yrsmos
19 PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
SA POSTO	alog 24
- V V CELLE	and and the state of the same

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REGISTRAR

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia." pneumonia"); "Croup";) term for the same disease. time and cansation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal (avoid use

> affection need not be stated unless important. valeular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably snicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report



PHYSICIANS RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

state should a of OCCUPATION AGE should be stated EXACTLY. properly classified. Exact statement AGE carefully supplied. of information should be carefully su DEATH in plain terms, so that it m. See instructions on back of certificate. CAUSE OF important.

Village or City County 16552  Village or City County 16552  Village or City County 16552	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Unille Single Single MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
TAGE  OCCUPATION  (a) Trade, profession, or particular kind of work.  TAGE  OCCUPATION  (a) Trade, profession, or particular kind of work.  TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	that I last saw hamalive on Dee 18", 1913, to Dee 18", 1913, that I last saw hamalive on Dee 18", 1913 and that death occurred on the date stated above, at 6 Pm, The CAUSE OF DEATH* was as follows: Chronic bullion heart decree Jess-ferrious personalities
(b) General nature of Indústry, business, or establishment in which employed (or employer)	chrowe pare ledy matorials mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 Maiden Name OF MOTHER	Contributory (Ouralien) (Ouralien) (Signed) (Signed) (M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental, or Homicipal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted,

Where was disease contracted, If not at place of death?

usual residence. 19 PLACE OF BURIAL DE REMOV DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklyn St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Address)

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

pneumonia"); "Croup";) term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Diphtheria (avoid use Typhoid fcvcr (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereu-Examples: Cerebrospinal report "Typhoid "Epidemic ccre-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origiu; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomencla "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Puerperal septichae-The nature of the "Exhaustion," Never report



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of information should be c DEATH in plain terms, so See instructions on back of

CAUSE OF Important. S

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esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

Village or City County Still Be	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred to a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH /2//7 ,1913 (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h are allys on 2/17, 1913.
if LESS than 1 day,hrs.  OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of iodostry, business, or establishment in	and that death occurred on the date stated above, at 1/1 m. The CAUSE OF DEATH* was as follows:  Prolapsed Hembridical Pord during Buth
which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER J. Shuffer  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER PLANT EVENTURE  13 BIRTHPLACE OF MOTHER (State or country)  13 Kate or country)  14 MAIDEN NAME OF MOTHER PLANT EVENTURE  15 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

if not at place of death?

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

Former or

usual residence

[Approved by U. S. Census and American Public Health. Association.]

cated thus: ness. If retired from business, that fact may be indishould be taken to report specifically the occupations who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin



Local Registrar, Cumberland, I'd.

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



should is OCCUPATION RECORD 0 PERMANENT classified. 4 proper supplied. pe U certifica ö terms, n back 00 ATH in plain instructions WRITE 0 0 Item OF Important. CAUSE

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### STATE OF MARYLAND 1 PLACE OF DEATH 16554 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City (No.... St.:----...Ward) a hospital or institution, give Its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? Suberculouse unalle BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) vrs. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) ..mos. 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. ..... Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But lu many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, perilonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanttion," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (disease causing death), 29 "Exhaustion,"

If this certificate is looked over thoroughly nnd all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1014
BURBAU, V. S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N.B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Let Lavage (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH SEC. 22 cd., 191.3  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	1913, to 820. 22 , 1913, that I last saw h win alive on \$20. 22 , 1913
TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 9.30 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Public Jehroful  Public Jehroful  Patricular (State or country)  Public Jehroful  Public Jehroful	(Doration) yrs mos ds.  Contributory Arterial schlerozes— (Secondary)  Skuilety (Doration) yrs mos ds.
10 NAME OF FATHER CENTROLY Smith  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) 139. Aulticol., M. D.  See 24, 191. 3 (Address) Lex Davoge  *State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant)	If not at place of death?  Former or usual residence.
Filed Dec 25, 191.2 F. C. S. Mercangles  REGISTAR  If more blanks are needed, address State Registral	19 PLACE OF BURIAL OR REMOVAL  STATEMENT ADDRESS  OF BELFFRANKIN St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 deaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



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N.B.

PHYSICIANS should state of OCCUPATION is very RECORD A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

(No.	51.7	Incl	Hosp	, St.;	Ward)
	150	_			

Village or City (No. (No. )	[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jem ale Shile (Stingle, Wilsows), ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
Month (Day (Year)	17 I HEREBY CERTIFY, That I strended decessed from Dec. 5, 1913, to Dec. 21, 1913, that I isst saw here slive on Dec. 21, 1913.
7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, st
(a) Trade, protession, or particular kind of work.  (b) General nature of indostry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF FATHER  A D D S A D	(Ouration) yrs mos 2 os.  Gontributory Ocicio Yus mos 2 os.  Secondary (Ooration) Z yrs mos os.  (Signed) Allow Look M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANY L Manyeny	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	At place of dealh yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, R.S. geley W. O. T.  Former or Usual residence. Residence W. O. T.
(Address)  Red 36 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an material worked on may form part of the second dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association. cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 de.; "Dropsy," "Exhaustion," Never report



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

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PERMANENT

PLACE OF DEATH	16	5	5	7
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County.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No
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[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Vacole John (Write the word)	16 DATE OF DEATH  OF 12  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month) (Day (Year)	that I last saw hum alive on Der 12 1913
AGE   If LESS than   1 day, 1/2, hrs.   OR   min. ?	and that weath occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Borch Death protably du to-
b) General nature of Industry, usiness, or establishment in which employed (or employer)	(Duration)nosds.
State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Jhy. A. A. A. M. B.
11 BIRTHPLACE OF FATHER (State or country)  (State or country)	*State the DISEASE CAUSING DEATH OF IN deaths from Victoria
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
(State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 169. 4 Mark ST	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify ail discases resulting from Measles (disease causing death), 29 ds.; "Seniie," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS show RECORD PERMANENT O properly Z supplie O may that it r 80 to back terms, plain ATH in plain instructions of DE/ Item OF Important. CAUSE m

### PLACE OF DEATH 16558 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [If death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, widow (Month) (Day Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day ..... brs. OR ..... ? BOCCUPATION (a) Trade, profession, of (b) General nature of Industry, and business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary (State or country (Duration) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE ARENT OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. ... mos. ..... ds. State Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-



oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purerenal scottchae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medicai Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," \_ (name origin; "Candeath), 29 ds. Examples



BINDING RESERVED FOR MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

Village or City Level (No leste)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
FULL NAME I De aux	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 GOLOR OR RACE  MARRIED, WIDOWED, ORDIVORGED (Write the word)  6 DATE OF BIRTH  (Month)  (Day  (Year)  1 day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from Methods (1913), to Methods (1913), that I last saw how alive on Methods (1913) and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:  (Duration) yrs. mos. ds.  Contributory and feetbeat Both Secondary grant Course of the decease from Mos. ds.  (Signed) yrs. mos. ds.  (Signed) , M. D.  All Jo., 1913. (Address) Methods (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant)  (Address)  15 Filed.  191  REGISTRAR  If more blanks are needed, address State Regist	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKES ADDRESS  Part & E. Franklin, St. Balto., Requesting V.S. No. 1.
	ili, md. K. K.

[Approved by U. S. Census and American Public Health Association.]

'material worked on may form part of the second gainfully employed, as At school or At home. minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an first live will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DAN 2 1914

RECORD

A PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.

PLACE OF DEATH	16560
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Westernport

County Allegany

Village or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;---.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

Still Bonn No Name

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
se al	MARRIED,	16 DATE OF DEATH About Nov. 25th J.M., 191-
DA	Dec the 1st , 1913 (Month) (Day (Year)	Dec 1st 1913 to, 191
St.	( )	and that desth occurred on the date stated above, at 9
(a) part (b)	Trade, profession, or Foetus None ficular kind of work  General nature of industry, ness, or establishment in	Trip by the mother before birth
Whic	RTHPLACE (State or country)  Franklin (Westernport)	Contributory Secondary  (Duration)  yrs. mos.
	10 NAME OF	(Signed) A A Market Mar
	Edgar Trenum	Jan 27 , 191 H. (Address) Pildmort
		*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
	11 BIRTHPLACE OF FATHER (State or country) Westernport  12 MAIDEN NAME OF MOTHER Myrtle Miller  13 BIRTHPLACE OF MOTHER (State or country) Westernport	*State the Disease Causing Death, or, in deaths from Violi Causes, state (1) Means of Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transier or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos.
TI	11 BIRTHPLACE OF FATHER (State or country) Westernport  12 MAIDEN NAME OF MOTHER MYTTLE Miller  13 BIRTHPLACE OF MOTHER (State or country) Westernport  HE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE Informant)	*State the Disease Causing Death, or, in deaths from Violicauses, state (1) Means of Injury; and (2) whether Accided that, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transier or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.
	11 BIRTHPLACE OF FATHER (State or country) Westernport  12 MAIDEN NAME OF MOTHER MYTTLE Miller  13 BIRTHPLACE OF MOTHER (State or country) Westernport HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE informant)  (Address)  (Address)	*State tide Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transien or Recent Residents)  At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death?  Former or

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, causing neath, state occupation at beginning of illbeen changed or given up on account of the msease "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. . State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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[Approved by U. S. Census and American Public Health
Association.]

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### No. υż

### RECORD PERMANENT 4 UNFADING INK-THIS WITH WRITE PLAINLY.

Very PHYSICIANS should of OCCUPATION IS EXACTLY. classified. should properly AGE 0 back should in plain See instructions of information DEATH CAUSE OF important. ż

PAREN

15

(State or country)

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country)

(Address) ....

Village or City Middle (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDGHED, WIDGHED, ORDINORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17,  1 HEREBY CERTIFY, That I attended deceased from
TAGE  TAGE  TO AGE  T	that I last saw h. And alive on
® OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds.
which employed (or employer)  9 BIRTHPLACE (State or country) Midle this had  10 NAME OF FATHER  9 11 BIRTHPLACE  OFFATHER	Contributory Secondary  (Doration)  yrs. mos. ds.  (Signed)  J. J

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS)	HOSPITALS, INSTITUTIONS,	TRANSIENTS
At place	In the	

of death ...... yrs. ..... mos. .... ds. State ..... yrs. \_\_\_ Where was disease contracted,

If not at place of death?.

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, especially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) LENT DEATUS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage." "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under State cause for the head Never report



RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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Every item CAUSE OF Important.

16563 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .....Ward) a hospital or institution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended decessed from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory State or country) Secondary (Ouration) .....yrs. 10 NAME OF FATHER (Signed)..... ARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ Where was disease contracted. It not at place of death?... Former or usual residence DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for 2



V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Co	PLACE OF DEATH 16564 unty Allegany lago or City Hostburg, (No. 95 C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [if death occurred le a hospital or iostitution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE  MARRIED, WITOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. The 1 sttended decessed from
	(Month) (Day (Year)	that I last saw h 100 alive on Dec 5 ,1913
(a) pai (b)	OCCUPATION OTrade, profession, or Cabour - (Farm)  General nature of Industry, Incess, or establishment in	snd that death occurred on the date stated above, at 2,150, m.  The Cause of DEATH* was as follows:  Janual Debety due to  aga,  3
Whi	RTHPLACE (State or country) Perma.	Contributory yelites & Pronchite.  Secondary (Deration) yrs mos de
ARENTS	10 NAME OF FATHER Marty Werner  11 BIRTHPLACE OF FATHER (State or country) Fannu  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Northon) yrs ds.  (S
Д 14 т	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (informant)  (informant)	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
16 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Allegany Cem Lic 8, 193  20 UNDERTAKE Undertaking CO.  ADDRESS  Twithing  Trans. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

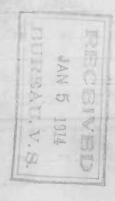
MANAGER.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease it should be used only when needed. As examples (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, But in many (6)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



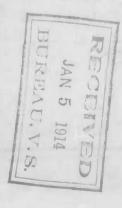
PLACE OF DEATH 16565  County Collegery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Consider (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h.s. alive on See 2, 1913.
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which experience in the control of the cont	Fremolure Birth (7 minth)  (Buration) yrs mos 2 ds.
9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary  (Borotlen)
11 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 Kin Ma	(Signed)
(Informant) MS The Ce White	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Telez, 1913 Dellock REGISTRAR	Muscoce mells Dic 23, 1913  20 UNDERTAKER ADDRESS
of myre blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, ete. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on aecount of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

("Pneumonia," pnenmonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Diphtheria Typhoid unqualified. is indefinite): Tubercuferer (never report "Typhoid "Epidemic eere-(avoid use Carcin-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as is less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 "Dropsy," "PUERPERAL septichac-"Exhaustion," Never report ds.;



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Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. INK UNFADING certifica 0 bsck 00 ATH in plain instructions o Information DEAT WRITE See 10 item OF Every item CAUSE OF Important. m

16566 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No (If death occurred to a hospital or institution. give its NAME Instead of streef and nombar. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 1911 WIDOWED, (Month) Write the (Day (Year) 1910 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day ......hrs. 10 OR ..... min. ? hund mensin BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or amployar) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. MY KNOWLEDGE If nof af place of death?. Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

Village or City bunk d (No. From	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hile Single, MARRIED, WIDOWED, WID	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  7, 191 3, to 2 7, 191 3, that I last saw h And alive on A 191 3
(Month) (Day (Year)  7 AGE  1 If LESS than 1 day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmeni in which employed (or employer)	and that death occurred on the date stated above, at / 3.30 m.  The CAUSE OF DEATH* was as follows:  (Ourston)  Jrs. mos. 65.
10 NAME OF FATHER COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Areas a from M. Dec. 26., 191.3.  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all discases resulting from Measics (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO



16568

1 PLACE-OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (b)

("Pneumonia," pneumonia"); "Croup";) time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE for the same disease. of lungs, meninges, peritonaeum, etc., meningitis"); Diphtheria Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-Examples: Cerebrospinal report "Typhoid "Epidemic cere-(avoid use

> affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopucumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee ou Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For vio-



V. S. No. 1.

A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very RECORD Exsct ststement stated EXACTLY. properly classified. AGE should of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. CAUSE OF Important. S N. B.

PLACE OF DEATH

16569

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City Embelone (No. H4, 3	[If death occurred to a hospital or institution, give its NAME instoad of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word). 4 Ce  5 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  Dec. 7  1912, to  1913.
(Month) (Day (Year)  7 AGE  It LESS than 1 day,hrs. ORmin.?	that I last saw her silve on 19 1913.  and that death occurred on the date atsted above, at 1145 Pm.  The GAUSE OF DEATH* was as follows:  (herealty) Brite 7 Mas.
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF	Contributory Securitin Brit Secondary (Ouration) yrs mos ds.
THER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of doath yrs, mos. ds. State yrs, mos. ds  Whore was disease contracted, If not at place of doath?  Former or
(Address) By and the of gag of gag of the of gag of the of gag of the of gag of the of gag of gag of the of gag of the of gag of	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. pe may 50 terms, on back plain instructions 2 0 OF Important. CAUSE

state Very

1 PLACE OF DEATH 16570 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. DATE OF DEATH MARRIED. WIDOWED, SULL (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day 3. hrs. OR ..... ? GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... State or country) Contributory Secondary (Duration) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER . 1913. (Address) (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death? Former or usual residence 20 UNDERTAKER Filed

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State \_\_\_\_\_ yrs, \_\_\_\_ mos. DATE OF BURIAL ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred in

1913

(Year)

a hospital or institution, give its NAME instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

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